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PAGE 1/3 : RCVD AT 6/20/2005 8:00:08 PM [Eastern Daylight Time] : SVR:USPTO-EFFXRF-1/2 : DNS:8729306 : CSID:12504910266 : DURATION (mm-ss):01-28

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Mr. Antony Edwards

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OUR FILE: ACE-17432

TO: USPTO - Art Unit 3725
Examiner - Shelley M. Self

FAX NO.: 1-703-872-9306

FROM: Tony Edwards/Michelle Hardy

DATE: June 20, 2005

NUMBER OF PAGES
(Including cover page): 30

STATUS OF ORIGINAL: ☐ Will NOT be sent.
To follow by:
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RE: United States Patent Application No. 10/625,741 filed July 24, 2003

Attached are a Transmittal Form (PTO/SB/21), Fee Transmittal, Credit card authorization and Response to the Office Action mailed March 18, 2005 for the above-noted US application.

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*Missing 28 pgs.
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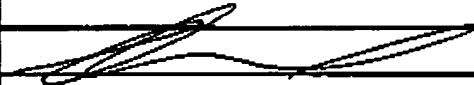
PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/625,741	
	Filing Date	July 24, 2003	
	First Named Inventor	Rory M. Mitchell et al.	
	Art Unit	3725	
	Examiner Name	Shelley M. Self	
Total Number of Pages in This Submission	29	Attorney Docket Number	ACE-17432

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	ANTONY C. EDWARDS	
Date	June 20, 2005	Reg. No. 40,288

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Michelle Hardy	Date June 20, 2005

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Fee Description		Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10 - 20 or HP =	x	=	
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
7 - 3 or HP =	x	200 -	800.00
HP = highest number of Independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
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4. OTHER FEE(S)			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)			
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Signature	Registration No. 40,288 (Attorney/Agent)	Telephone 250-861-5332
Name (Print/Type) ANTONY C. EDWARDS	Date June 20, 2005	

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